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B 22A (Official Form 22A) (Chapter 7) (12/10)

In re:	Joseph M. Wallace,	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement.):
	Debtor(s)	[] The presumption arises
Case Number		[X] The presumption does not arise.
	13-14015	[] The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

Part I	lition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor. If none of the exclusions in applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete ate statements if they believe this is required by § 707(b)(2)(C).
	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans . If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VII. Do not complete any of the remaining parts of this statement.
	[] Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	[X] Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members: active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, or a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter ("the exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "the presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. [] Declaration of Reservists and National Guard Members. By checking this box and making appropriate entries below, I
	declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the national Guard
	a. [] I was called to active duty after September 11, 2001, for a period of at least 90 days and [] I remain on active duty, /or/
	[] I was released from active duty on which is less than 540 days before this bankruptcy case was filed; OR
	 b. [] I am performing homeland defense activity for a period of at least 90 days /or/ [] I performed homeland defense activity for a period of at least 90 days, terminating on which is less than 540 days before this bankruptcy was filed.
	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.
	 a. [X] Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. [] Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. [] Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.
	d. [] Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.

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	All figures must reflect average monthly income received from all sources, derived duric calendar months prior to filing the bankruptcy case, ending on the last day of the month filing. If the amount of monthly income varied during the six months, you must divide month total by six, and enter the result on the appropriate line.	Col A Debtor's Income	Col. B Spouse's Income				
3	Gross wages, salary, tips, bonuses, overtime, commissions.						
	Income from the operation of a business, profession, or farm. Subtract Line b from I						
4	enter the difference on Line 4. If you operate more than one business, profession or farn						
7	aggregate numbers and provide details on an attachment. Do not enter a number less tha						
	Do not include any part of the business expenses entered on Line b as a deduction i	n Part V.					
	a Gross receipts						
	b Ordinary and necessary business expenses						
	c Business income Subtract Line b						
	Rent and other real property income. Subtract Line b from Line a and enter the differ						
5	Line 5. Do not enter a number less than zero. Do not enter a number less than zero. Do 1	ot include					
	any part of the operating expenses entered on Line b as a deduction in Part V.						
	a Gross receipts						
	b Ordinary and necessary operating expenses						
	c Rental income Subtract Line b	rom Line a					
6	Interest, dividends and royalties						
7	Pension and retirement income						
8	Any amounts paid by another person or entity, on a regular basis, for the househol						
	of the debtor or the debtor's dependents, including child support paid for that pur						
	not include alimony or separate maintenance payments or amounts paid by your spouse						
	B is completed. Each regular payment should be reported in only one column; if a paym	ent is listed					
	in Column A, do not report that payment in Column B.	_					
9	Unemployment compensation . Enter the amount in the appropriate column(s) of Line						
	However, if you contend that unemployment compensation received by you or your spo						
	benefit under the Social Security Act, do not list the amount of such compensation in Co	olumn A or					
	B, but instead state the amount in the space below:	1					
	Unemployment compensation claimed to						
	be a benefit under the Social Security Act Debtor Spouse						
10	Income from all other sources. Specify source and amount. If necessary, list additional						
	on a separate page. Total and enter on Line 9. Do not include alimony or separate mai						
	payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security						
	Act or payments received as a victim of a war crime, crime against humanity, or as a vic						
	international or domestic terrorism.						
	<u>a</u>						
	b						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add						
	Column A to Line 11, Column B, and enter the total. If Column B has not been complet	ed, enter					
	the amount from Line 11, Column A.						
	Part III. APPLICATION OF § 707(b)(7) EXCLU	SION					
			umb on 12				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line and enter the result.	12 by the nu	imber 12				
	Applicable median family income. Enter the median family income for the applicable	state and hou	sehold size				
14	(This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of b. Enter debtor's	camarapt	-, •••••				
	residence: household size:						
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
	[] The amount on Line 13 is less than or equal to the amount on Line 14. Checonot arise" at the top of page 1 of this statement, and complete Part VIII; do not on the statement of the statement						
	[] The amount on Line 13 is more than the amount on Line 14. Complete the r	emaining par	ts of this state	ment.			

		Complete Parts IV, V,	VI and VII of th	nis s	statement	only if required.	(See	Line 15).	
Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)									
16	Ente	r the amount from Line 12.							
17									
	a								
	b								
	c								
18	Curr	ent monthly income for § 707(b)(2). Subtract Line	17 f	from Line 16	and enter the result.			
		Part V. CALC	CULATION OF	DE	DUCTIO	NS FROM INCO	ME	1	
		Subpart A: Deduc	tions under Stand	ards	of the Inter	nal Revenue Service	e (IRS	S)	
19A	Stand availathe n	onal Standards: food, clothing a lards for Food, Clothing and Oth able at www.usdoj.gov/ust/ or froumber that would currently be all additional dependents whom you	er Items for the app om the clerk of the l lowed as exemption	licab bankı	ole number o ruptcy court.	f persons. (This information) The applicable num	matio ber o	n is f persons is	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
		ons under 65 years of age				rs of age or older			
		Allowance per person		a2		per person			
		Number of persons			Number of	persons			
20A	c1 Subtotal								
20B	Local Standards: housing and utilities; mortgage, rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a IRS Housing and Utilities Standards; mortgage/rental expense b Average Monthly Payments for any debts secured by your								
	С	home, if any, as stated in Line	⊤ ∠		Su	htract Line b from Li	ne a		

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21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. [] 0 [] 1 [] 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptey court.)					
23	bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) []1 []2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a					
	and enter the result in Line 23. Do not enter an amount less than zero. a IRS Transportation Standards, Ownership Costs b Average Monthly Payments for debts secured by Vehicle 1, if any, as stated in Line 42 c New ownership/lease expense for Vehicle 1 Subtract Line b from Line a					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24.Do not enter an amount less than zero. a IRS Transportation Standards, Ownership Costs b Average Monthly Payments for debts secured by Vehicle 2, if any, as stated in in Line 42					
25	c New ownership/lease expense for Vehicle 2 Subtract Line b from Line a Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
27	Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.					
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	_				

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						_	
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on						
31	health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by						
	insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not						
		1 -	,			13D. Do not	
32	include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter average monthly expenses that you actually						
32							
	pay for telecommunication services other than your basic home telephone and cell phone service- such as cell phones, pagers, call waiting, caller identification, special long distance or internet service – to the extent						
			and welfare of you or your dependents. Do no				
			and wentare or you or your dependents. Do no)t iliciuu	c any amount pro	viousiy	
33	deducted. Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.						
			Subpart B: Additional Expense Deduc				
			Note: Do not include any expenses that you		` ` `	}	
34	Healt	h Insurance, Disa	ability Insurance and Health Savings Accou	nt Expe	nses. List and total	(at right	
	colun	nn, bottom of line	34) the average monthly amounts that you actu	ally pay	for yourself, your	spouse, or your	
	deper	dents in the follow	wing categories:				
	a	Health Insurance					
	b	Disability Insura	nce				
	c	Health Savings A	Account				
	If you		expend this total amount, state your actual to	tal avera	ge monthly expend	ditures in the	
		below:	, ,		<i>C</i>		
	1						
35	Cont	nued contributio	ons to the care of household or family memb	ers. Ente	er the total average	e actual monthly	
			continue to pay for the reasonable and necessar				
			led member of your household or member of y				
		ch expenses.	······································				
36							
20	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or						
			law. The nature of these expenses is required				
37							
٠,	Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your						
	case trustee with documentation of your actual expenses, and you must demonstrate that the additional						
			sonable and necessary.	mast ac	inonstruce that th		
38			r dependent children less than 18. Enter the	total ave	rage monthly expe	nses that you	
30			ceed \$147.92* per child, for attendance at a pr				
	school by your dependent children less than 18 years of age. You must provide your case trustee with						
	documentation of your actual expenses, and you must explain why the amount claimed is reasonable and						
	necessary and not already accounted for in the IRS Standards.						
39	Addi	tional food and cl	lothing expense. Enter the total average month	nly amou	nt by which your f	ood and clothing	
			mbined allowances for food and clothing (appa				
	Stand	ards, not to exceed	d 5% of those combined allowances. (This info	ormation	is available at ww	w.usdoj.gov/ust/	
	or fro	m the clerk of the	bankruptcy court.) You must demonstrate th	at the ac	dditional amount	claimed is	
		nable and necess					
40	Cont	inued charitable o	contributions. Enter the amount that you will	continue	to contribute in th	e form of cash	
	or fin	ancial instruments	to a charitable organization as defined in 26 U	J.S.C. § 1	170(c)(1)-(2).		
41							
			Subpart C: Deductions for De	ebt Paym	nent		
42			ecured claims. For each of your debts that is se				
	own,	list the name of the	e creditor, identify the property securing the de	ebt, state	the Average Mon	thly Payment,	
			payment includes taxes or insurance. The Aver				
			ontractually due to each Secured Creditor in th				
			d by 60. If necessary, list additional entries on				
		ige Monthly Paym					
		Name of	Property Securing the Debt		Average	Does payment	
		Creditor			Monthly	include taxes	
					Payment	or insurance?	

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	a.							
	b.							
	c.							
	d.							
	e.							
12	0.41		1 1 1 10 0.1	11, 1, 1, 1, 1, 1, 1, 4	12		: Add Lines a-e >	
43			cured claims. If any of the property necessary for					
	in your deductions 1/60th of the any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any							
	sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in							
			ecessary, list additional e			,		
		Creditor Name		ng the Debt in Default		1/60 of the C	Cure Amount	
	a.							
	b.							
	c.							
	d.							
	e.					T	1 4 117 '	
4.4	D.	4 4.4.	I. E.	41 4 4 1 4 11 11	1 11 6		al: Add Lines a-e	
44			on priority claims. Enter rt and alimony claims, fo					
			obligations, such as the	-	e at the t	illie of your balls	druptey ming.	
45			tive expenses. If you are		ınder Ch	anter 13 comple	te the following	
			int in line a by the amour					
	a.		e monthly Chapter 13 pla				•	
	b.		r for your district as dete		s			
			ecutive Office for United					
			ailable at <u>www.usdoj.go</u>	v/ust/ or from the clerk	of			
		the bankruptcy co	/	0.01		m . 1 3 6 12 1 :	T ' 11	
1.6	C.		administrative expense	•		Total: Multiply	Lines a and b	
46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.								
Subpart D: Total Deductions Allowed under § 707(b)(2)								
47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.								
40			rt VI. DETERMINA	` `	/ (/	RESUMPTION	ON	
48	9 (7)///							
49 50	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result							
51			ncome under § 707(b)(2)					
31	result	-	100mc under § 707(b)(2). Manipiy the amount	m Line .	so by the number	oo una enter the	
52			termination. Check the	applicable box and proc	ceed as d	lirected.		
	[]		Line 51 is less than \$7,0					p of page 1
			and complete the verific					
	[]		forth on Line 51 is mor					
			tement, and complete the	e verification in Part VI	II. You r	nay also complet	te Part VII. Do not	complete
	ГЛ	the remainder of	Part VI. Line 51 is at least \$7,02	5* but not more than	¢11 725:	* Complete the	ramaindar of Dart V	VI (Lines 52
	IJ	through 55).	Line 31 is at least \$7,02	5 Dut not more than	\$11,723	. Complete the	Temamuel of Fart	VI (Lines 33
53	Enter		our total non-priority u	nsecured debt				
54		•	nt amount. Multiply the		the numb	per 0.25 and ente	r the result.	
55			n determination. Check	·				
	[]	The amount on l	Line 51 is less than the	amount on Line 54. Cl	heck the	box for "The pre	esumption does not	arise" at
			of this statement, and co					
	[] The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Page 1.							
			of page 1 of this stateme	ent, and complete the vo	erificatio	on in Part VIII. Y	ou may also comp	iete Part
		VII.						

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Part VII: ADDITIONAL EXPENSE CLAIMS							
56	Other Expenses: List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
		Exp	pense Description	Monthly Amount			
	a.		-	-			
	b.						
	c.						
			Total: Add Lines a, b, c				
			Part VIII: VERIFICAT	ION			
57		are under penalty of perjusters must sign.)	ary that the information provided in this	statement is true and correct.	(If this a joint case, both		
		March 5, Date 2013	Debtor's Signa	ture: /S/Joseph M. Wallace			
		Date	Joint Debtor's Signa	ture: /S/			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.